

Name  
in  
Full

Alberta Acree

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Age	20	—	
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Wm. Oliver Acree			
Father's Name	John Eaton		Father's Birthplace	Md.		
Mother's Maiden Name	don't know		Mother's Birthplace	—		
Name of person giving information	Wm. Oliver Acree		How related to deceased	Husband.		

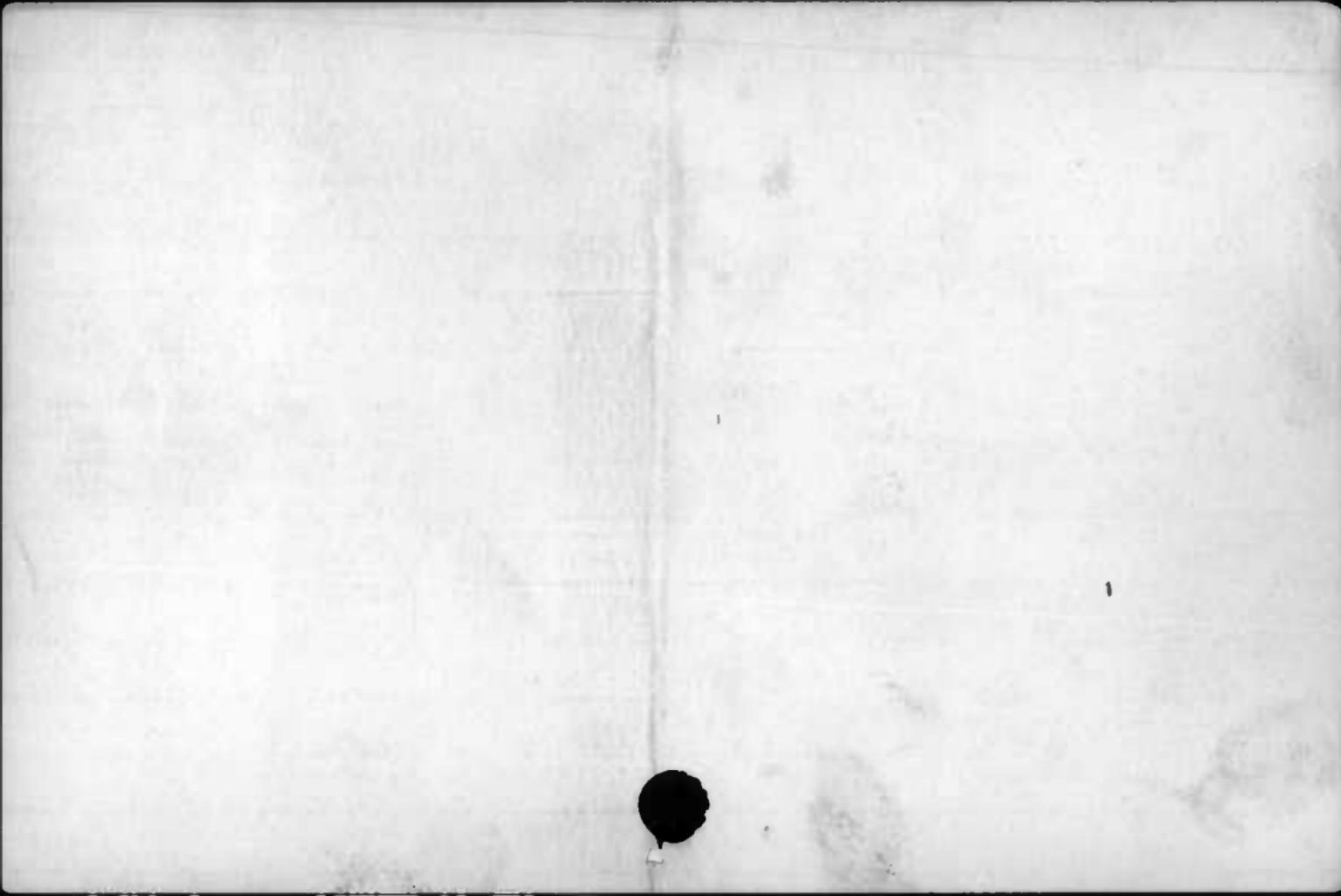
CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	How long	
Immediate	Pulmonary Tuberculosis	How long
Are the name, age, sex, color, date and place correctly given above?		
Signature of Physician		
Address		
Accident or Suicide?	md.	





Name  
in  
Full

Adolph G. Bailey

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	
Father's Name	Geo. H. Bailey		
Mother's Maiden Name	Annie Grayman		
Name of person giving information	Father's Birthplace	Mother's Birthplace	How related to deceased

27

How long

How long

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis

6 months

Immediate

Thrombosis

Are the name, age, sex, color, date and place correctly given above?

Y

Signature of Physician

A. W. Brown, M.D.

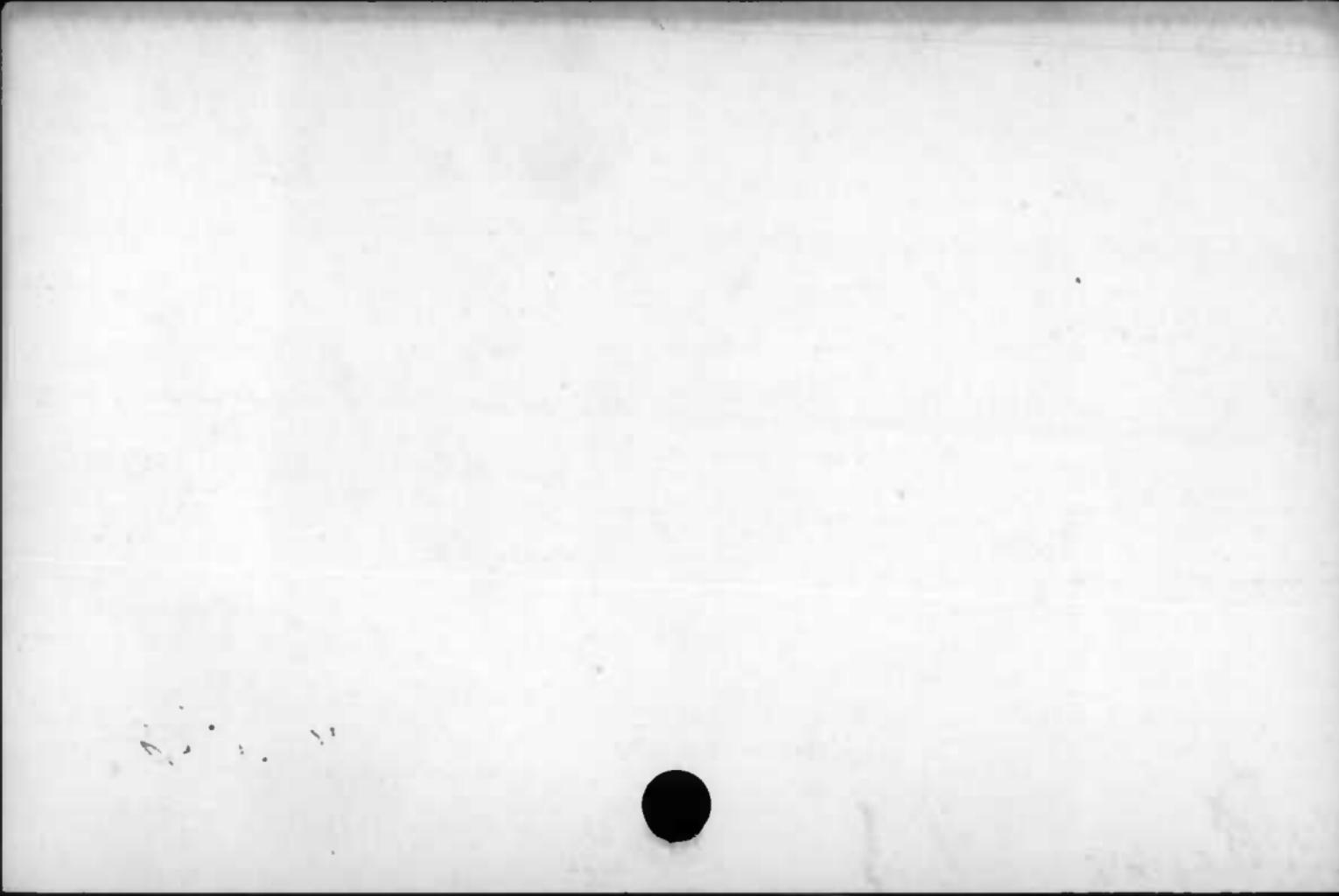
Address

Lillesboro,

8

Accident or Suicide?

N



Name  
in  
Full

William H Bartlett

CERTIFICATE OF DEATH

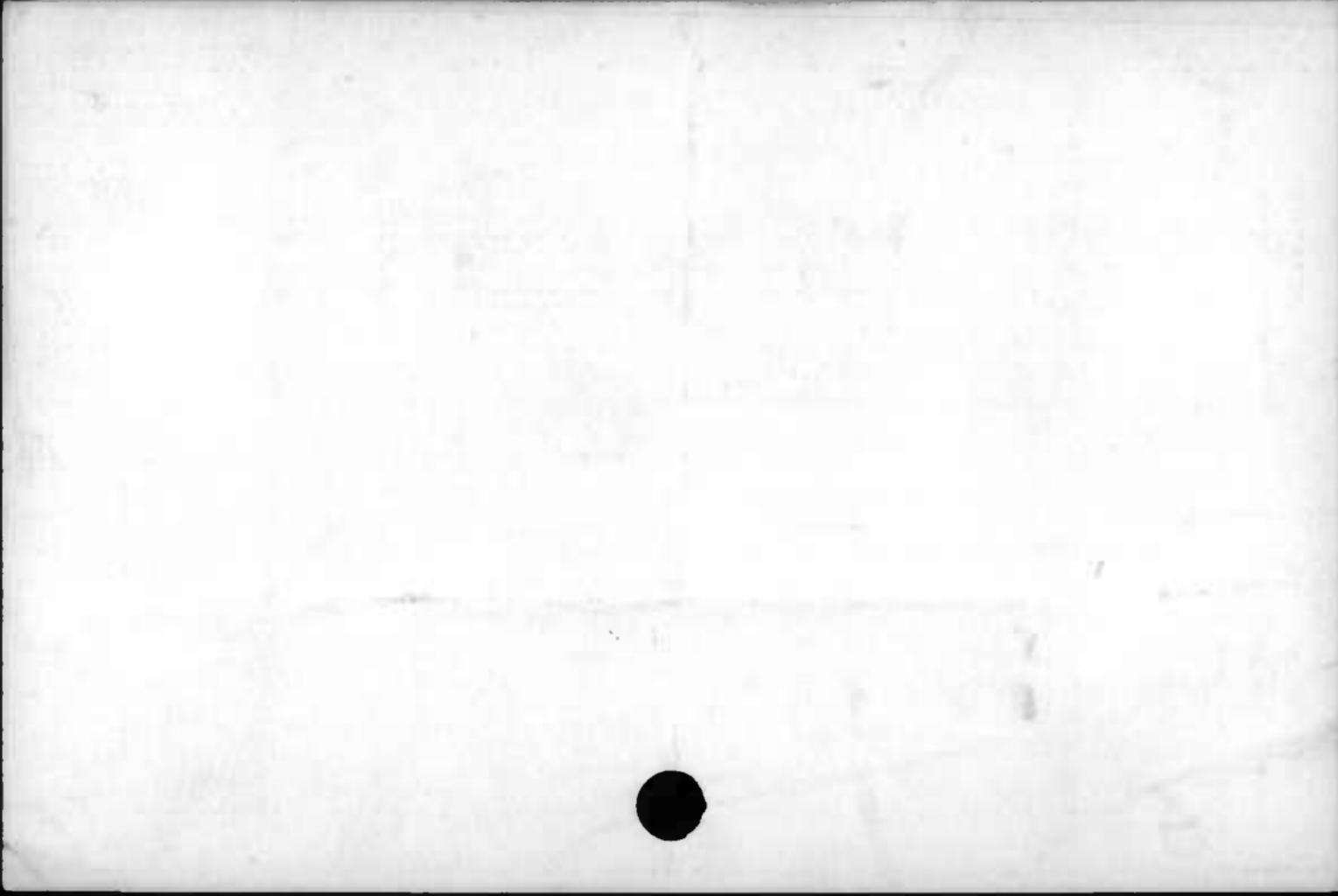
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Gertude Chaffee			
Father's Name	T K Bartlett				
Mother's Maiden Name	Noble	Unknown			
Name of person giving information	Clarence Barnes	Unknown			
How related to deceased None					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid fever		Streps
Immediate	Intestinal Hemorrhage & Exsanguination		8 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Address	Heiser
8		Goldboro Md	
Accident or Suicide?			



Name  
in  
Full

Elizabeth Bordley

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Alexander Raaby	Father's Birthplace	Dont know
Mother's Maiden Name	Fangis Raaby	Mother's Birthplace	Dont know
Name of person giving information	Louis Lair	How related to deceased	Brother-in-law

CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary Heart Disease

Immediate apoplexy

How long

3 years

Are the name, age, sex, color, date and place correctly given above?

yes

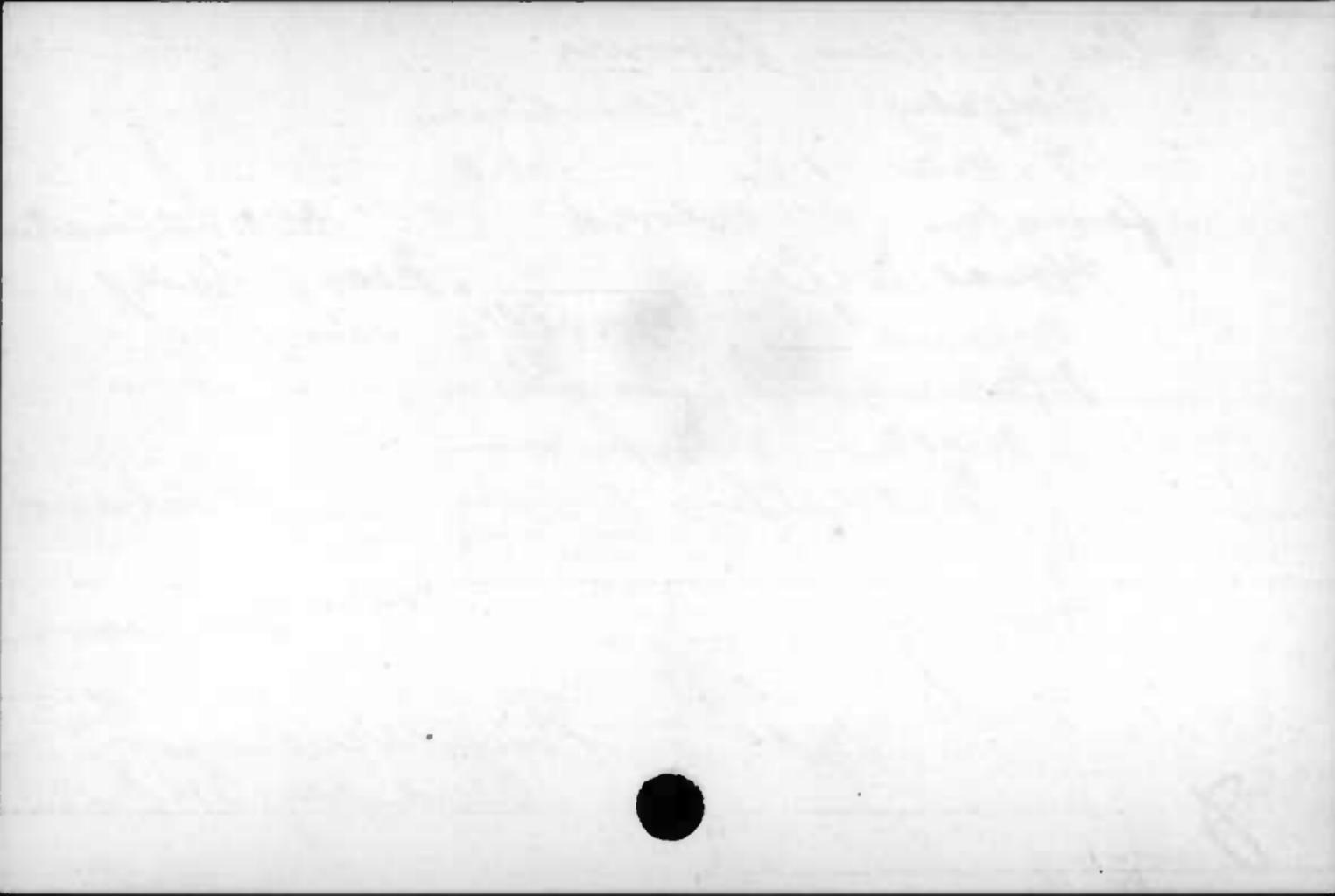
Signature of Physician

Address

Henry Wickham Leamer

Ridgely Md

Accident or Suicide?



Name  
in  
Full

Mollie Simpson Brown

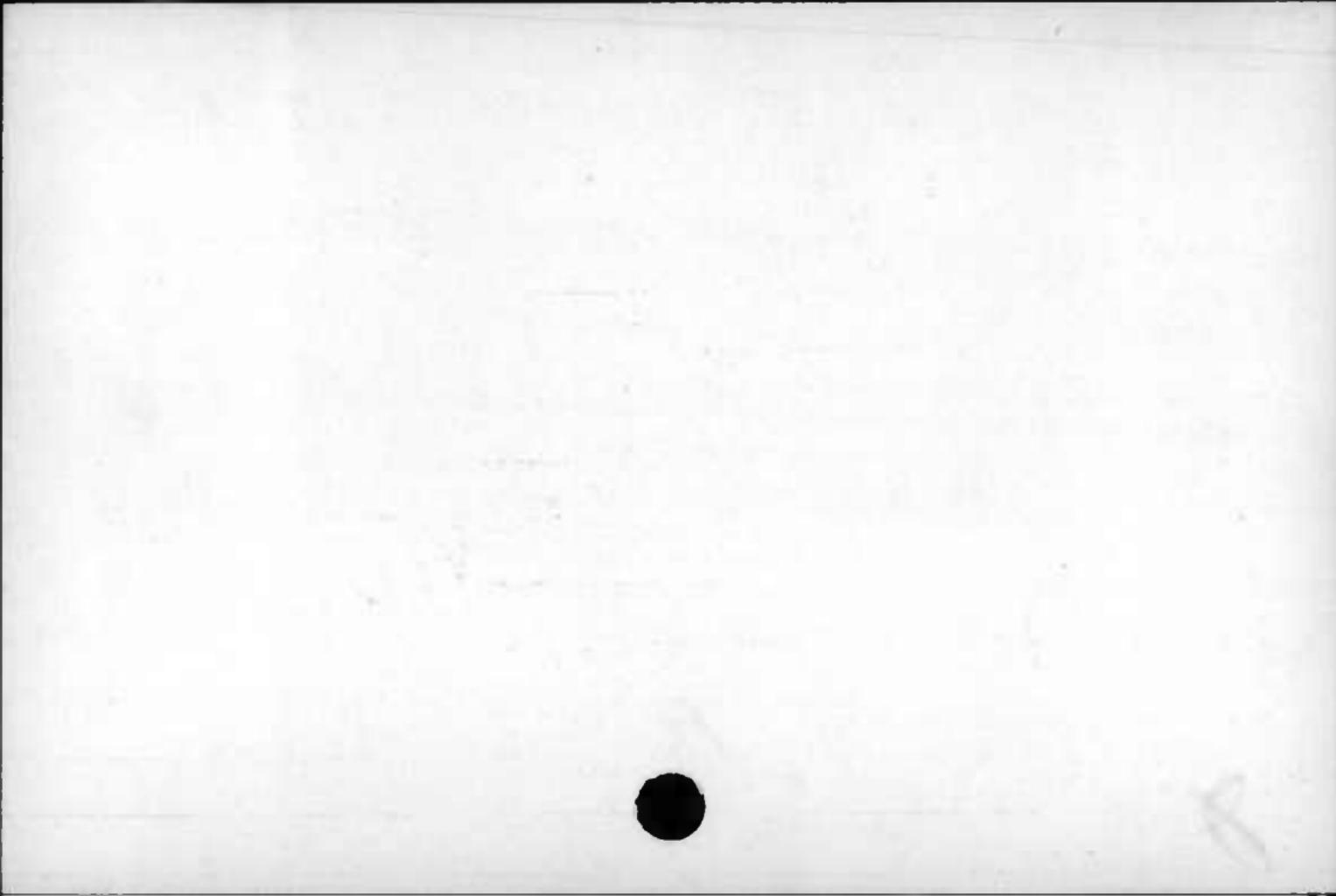
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Ridgely	Town	Caroline	County	MARYLAND	
Date of death	1907	Month	Dec	Day	Years	Months
Sex	female	Color or Race	colored	Age	30	Days
Occupation	House wife	Where Residing if not at place of death				near Ridgely
Married, Single or Widowed	married	Name of Wife or Husband	Mollie Simpson			
Father's Name	Harrison Simpson				Father's Birthplace	-
Mother's Maiden Name	Mollie Simpson				Mother's Birthplace	-
Name of person giving information	Marcellus Brown				How related to deceased	Husband
CAUSES OF DEATH						
Primary	177					
Dropsey	How long					
Immediate	Two years					

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Henry Weekes Brown
		Address	Ridgely, Md.
Accident or Suicide?			



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Susan Bryan

Town  
Died at Federalburg

County

Date  
of death 1907 Month Dec Day 4

Years

Age

90

Months

Days

Caroline

MARYLAND

Sex female

Color or  
Race

white

Birth-  
place

md

Occupation none

Where Residing if not  
at place of death

Married, Single  
or Widowed widow

Name of Wife or  
Husband

Robert Bryan

Father's  
Name Henry Jones

Father's  
Birthplace

md

Mother's  
Maiden Name Nancy Payne

Mother's  
Birthplace

md

Name of person giving  
Information Mrs. E. T. Anthony

How related  
to deceased

Niece

CAUSES OF DEATH

120

Primary Chronic Nephritis

How long

several years

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

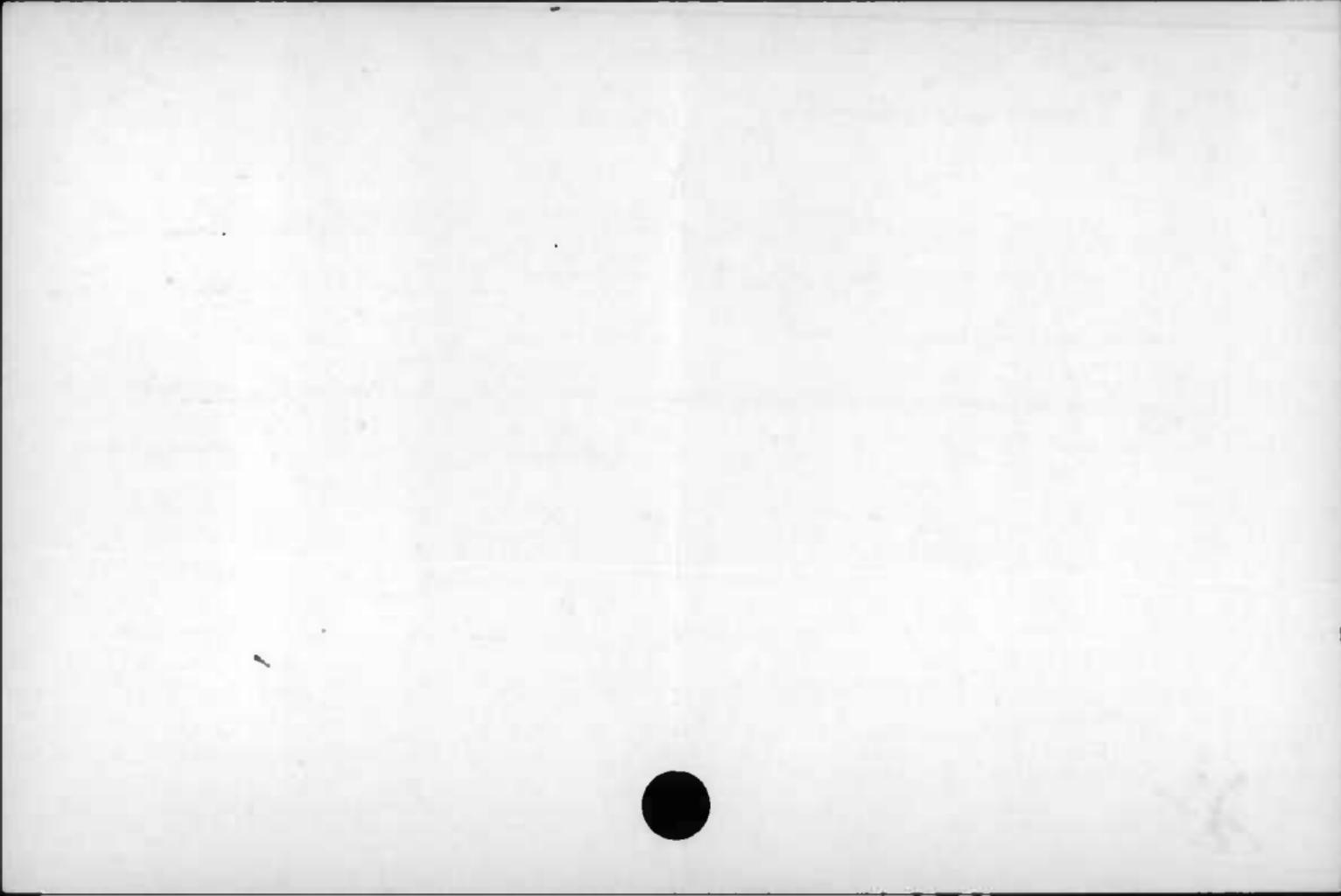
Address

R. Kemp Jefferson  
Federalburg  
md

P H Y S I C I A N  
O R C O R O N E R

J

Accident or Suicide?



Name  
in  
Full

Elijah Cefhus.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Flender	Color or Race	Colil.	Birth-place	Caroline Co.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Elijah Cefhus		
Father's Name	Unknown				
Mother's Maiden Name	Unknown, G. above				
Name of person giving information	Twin Cefhus				

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary

Emphysema

How long  
6 mos.

Immediate

Pneumonia

How long  
2 wks.

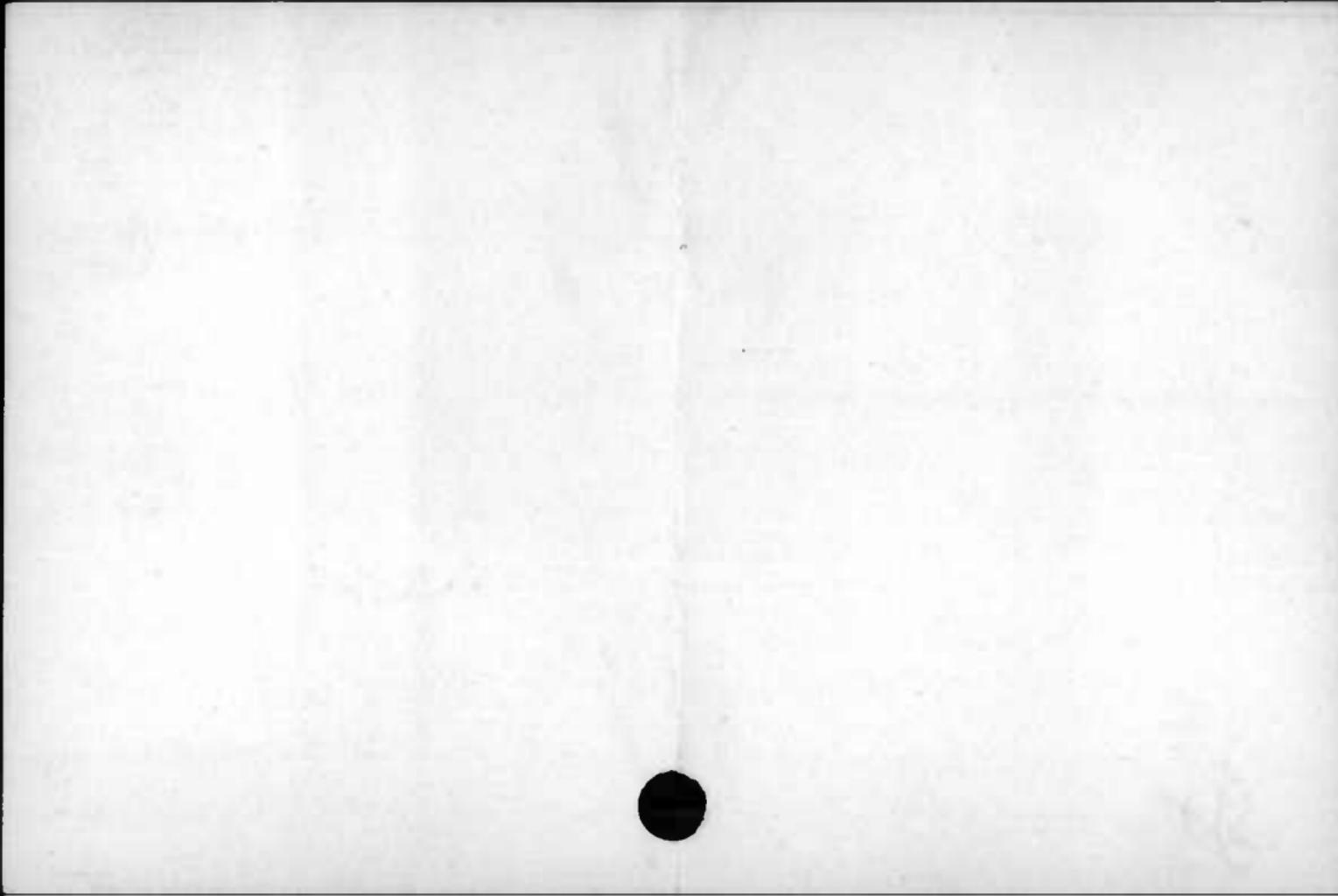
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. F. Galway  
Federalsburg, Md.

Accident or Suicide?



Name  
in  
Full

Quincy Wellington Driggeden

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

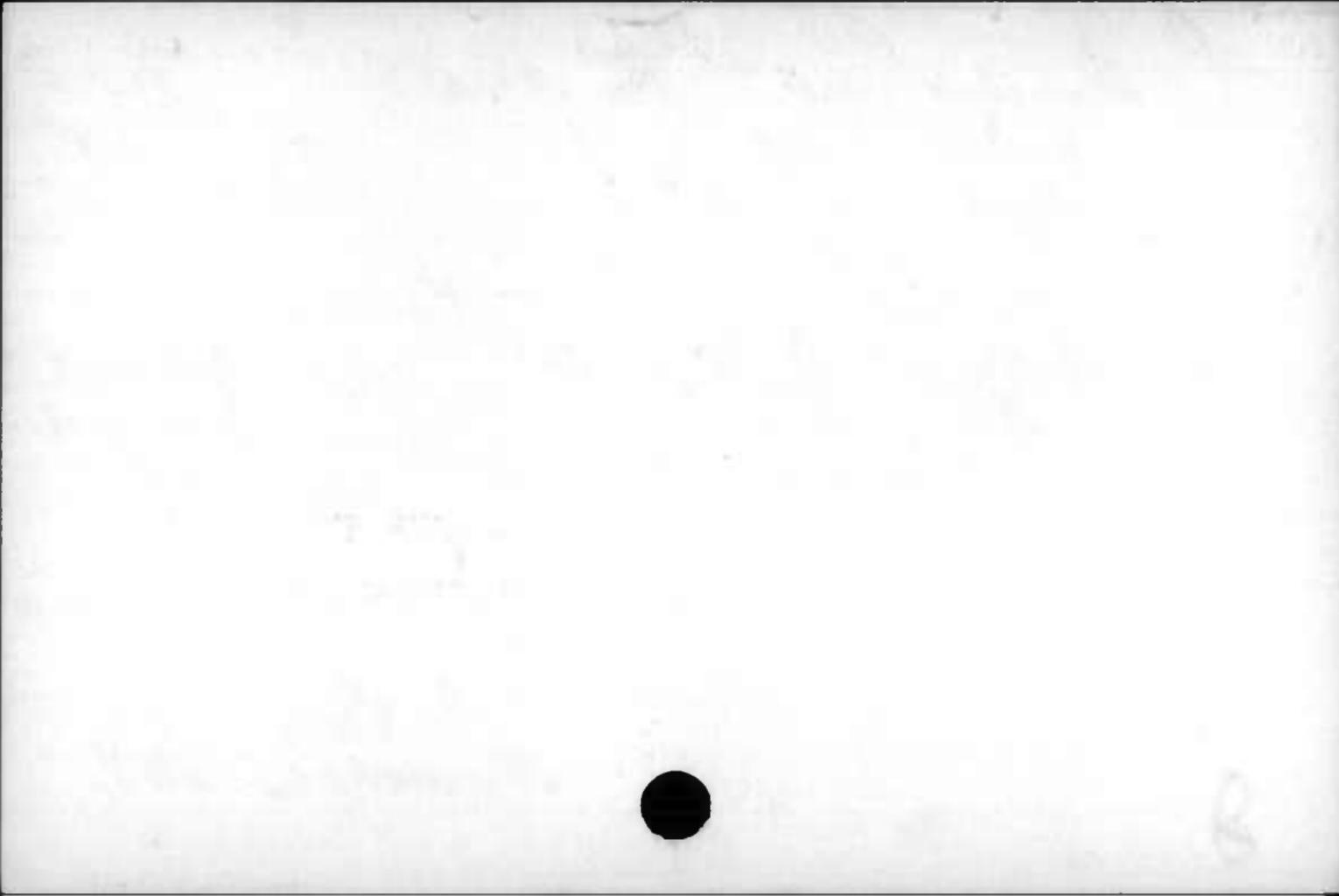
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace			
Father's Name	Abrer H. Driggeden	Ind.			
Mother's Maiden Name	Minnie Jackson	Mother's Birthplace			
Name of person giving information	Abrer H. Driggeden	How related to deceased			

CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER.

Primary	Whooping cough	How long	4 mos.
Immediate	Congestion of lungs.	How long	6 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	S. W. Summers.
		Address	Deuelton, Ind.
Accident or Suicide?			



Name  
in  
Full

William Edwards

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	Greensboro Md.			County	Caroline	
Died at	Month	Day	Years	Months	Days	MARYLAND
Date of death 1907	Dec	29	Age 41	7	19	
Sex	Male	Color or Race	White	Birth-place	Delaware	
Occupation	Farming			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Annie Edwards			
Father's Name	William A. Edwards			Father's Birthplace	Delaware	
Mother's Maiden Name	Ellen Tribbet			Mother's Birthplace	Delaware	
Name of person giving information	Haywood Edwards			How related to deceased	Brother	

CAUSES OF DEATH

(27)

Primary

Pulmonary Tuberculosis

How long

3 yrs & mos

Immediate

Same

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

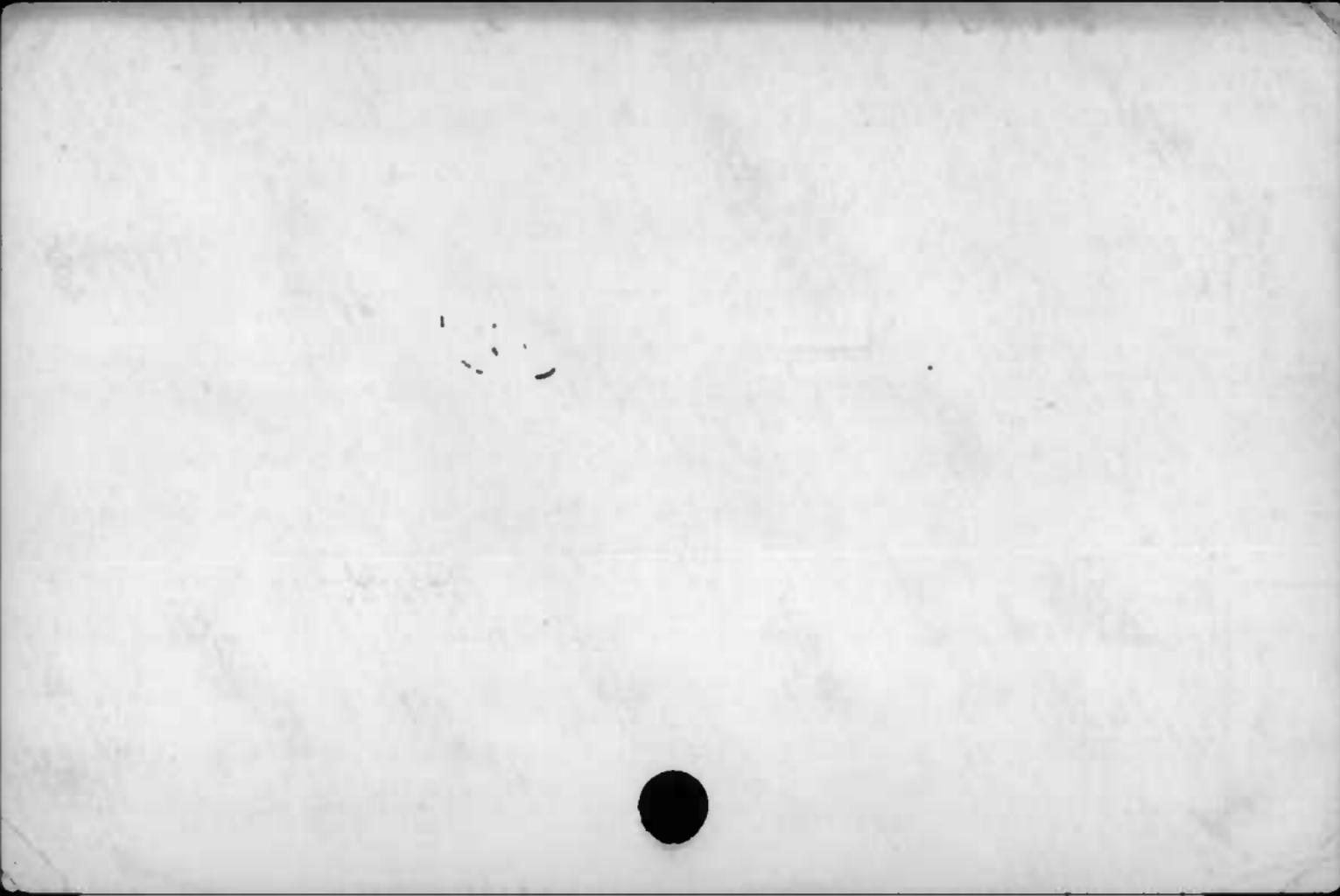
Address

J. D. Carpenter  
Greensboro Md.

8

Accident or Suicide?

No.



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

MARYLAND

Died at	Town <u>near Goldsboro</u>	County <u>Caroline</u>				
Date of death	Month <u>1907 Dec</u>	Day <u>1</u>	Years <u>104</u>	Months <u>11</u>	Days <u>-</u>	
Sex	<u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Delaware</u>			
Occupation	<u>House wife</u>					
Married, Single or Widowed	<u>widow</u>	Where Residing if not at place of death <u>Bucus</u>				
Father's Name	<u>James Griffish -</u>					Father's Birthplace <u>Unknown</u>
Mother's Maiden Name	<u>Mary Morris</u>					Mother's Birthplace <u>Unknown</u>
Name of person giving information	<u>of Alfred Griffish - Grand Son</u>					

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

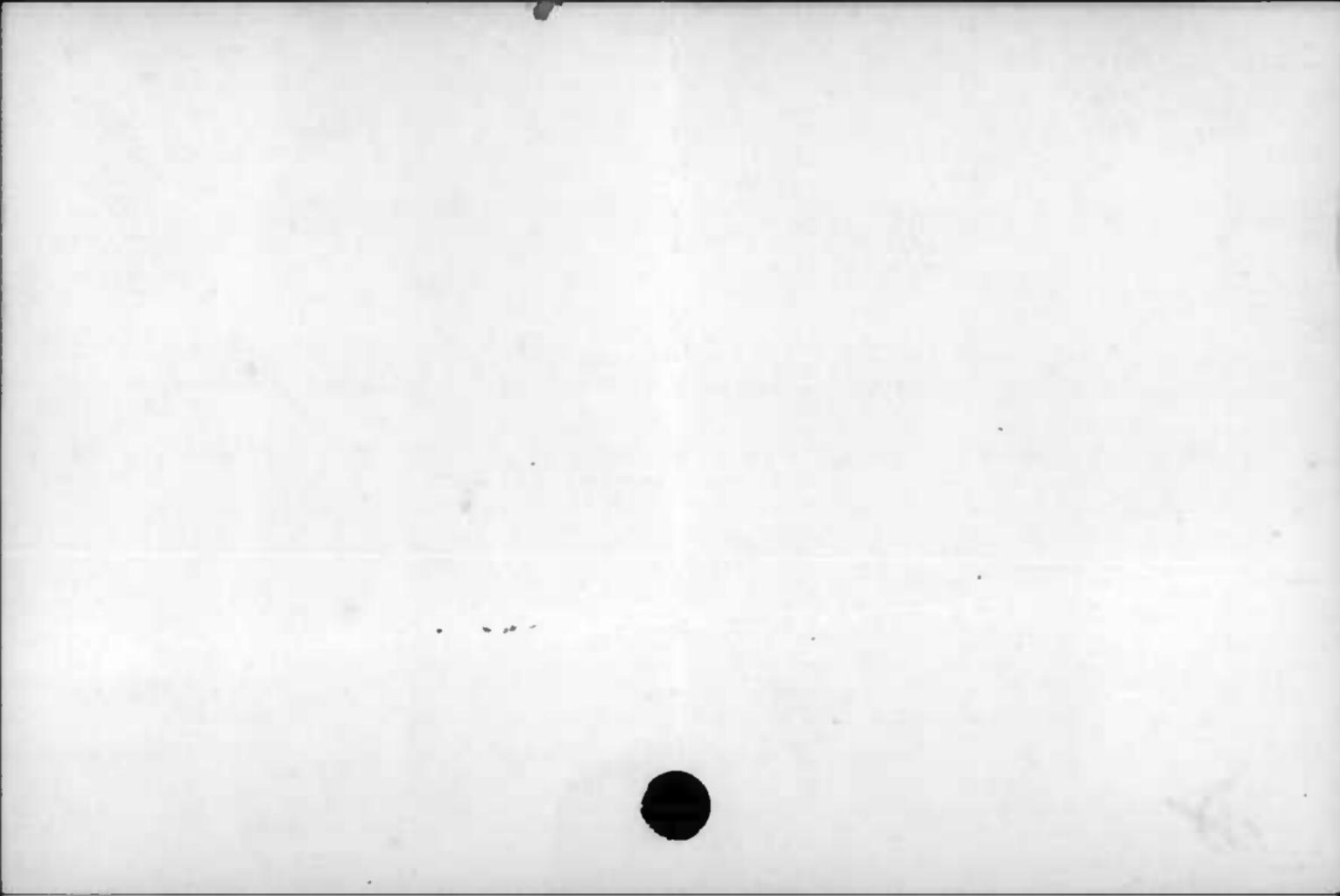
Yrs

Signature of Physician

Address

How long

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Wellie Horns

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death 1907	Month Dec.	Day 9th	Years 66	Months 1	Days 1
Sex Male	Color or Race White	Birth-place Preston			
Occupation Farming	Where Residing if not at place of death				
Married, Single or Widowed M	Name of Wife or Husband Harriet E Harris	Father's Birthplace Caroline Co., Md			
Father's Name James Harris	Mother's Birthplace New York				
Mother's Maiden Name Jane McCullough	How related to deceased Daughter				
Name of person giving information Nellie C. Harris					

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary

Chronic Nephritis

How long

?

Immediate

Uremic poisoning

How long 5 days

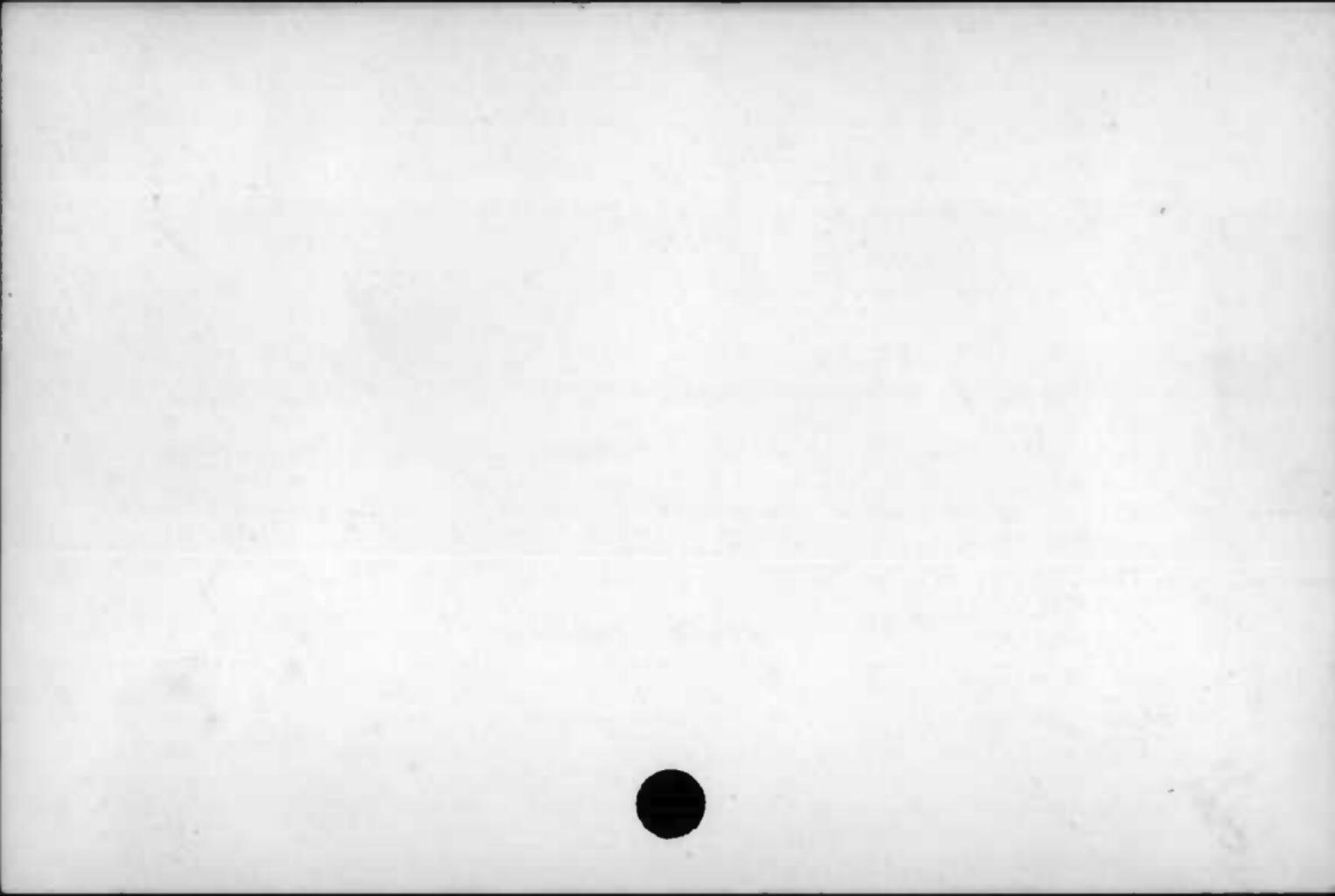
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Raymond Dowse  
Preston  
Md

Accident or Suicide?



Name  
in  
Full

Blanche Pignutt

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Date of death 1907	Month Dec	Day 5	Years
Age	Months 9	Days	
Sex female	Color or Race white	Birth-place md	
Occupation none	Where Residing if not at place of death		
Married, Single or Widowed single	Name of Wife or Husband	Father's Birthplace	md
Father's Name George Pignutt	Mother's Maiden Name Nora Passavant	Mother's Birthplace	md
Name of person giving information Geo Pignutt	How related to deceased	How long	father

CAUSES OF DEATH

(105)

Cholera morbus

3 days

Primary

•

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

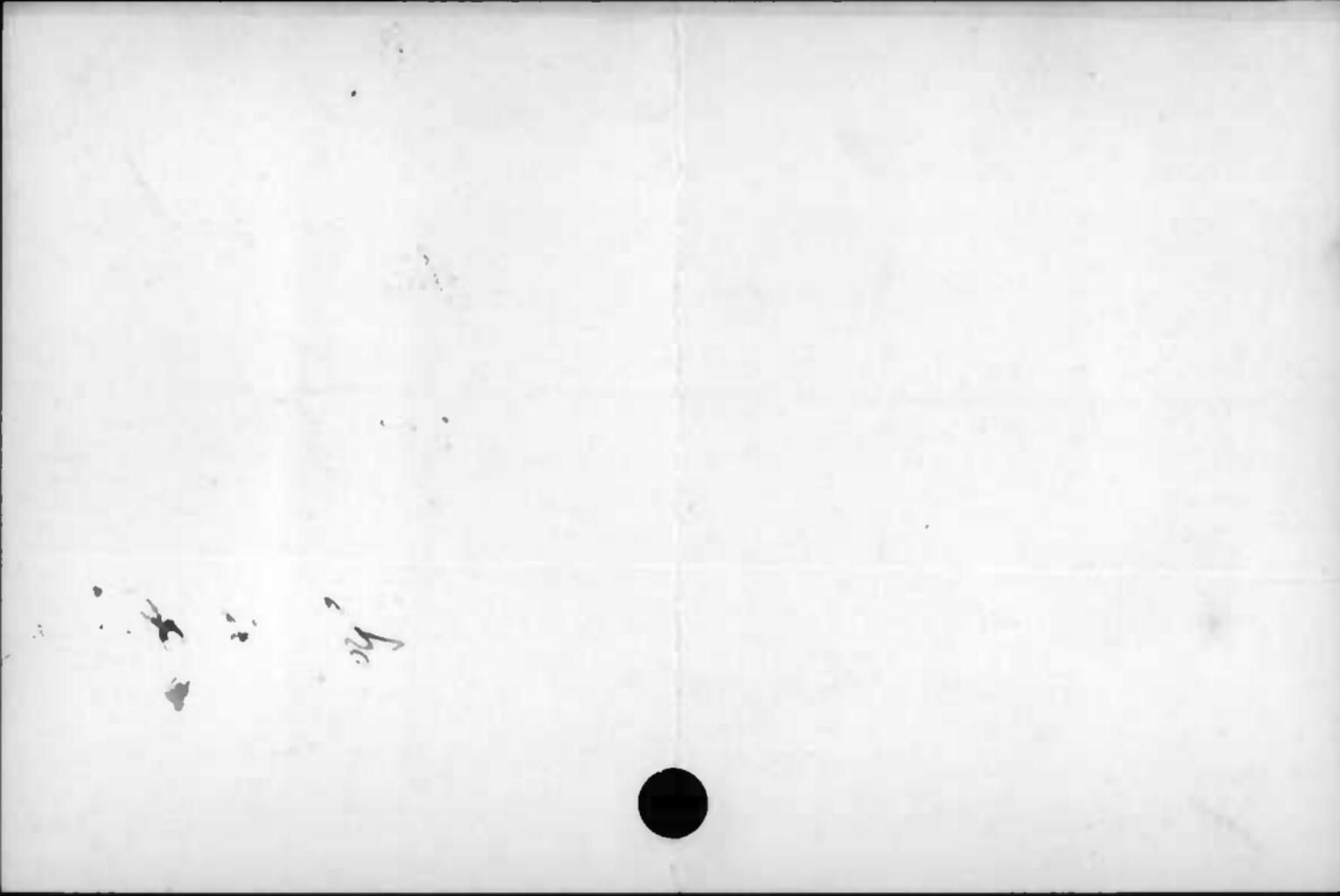
Signature of Physician

Address

Frank Palmer  
Greenwood Del

J

Accident or Suicide?



Name  
in  
Full

Rosa Holland.

CERTIFICATE OF DEATH

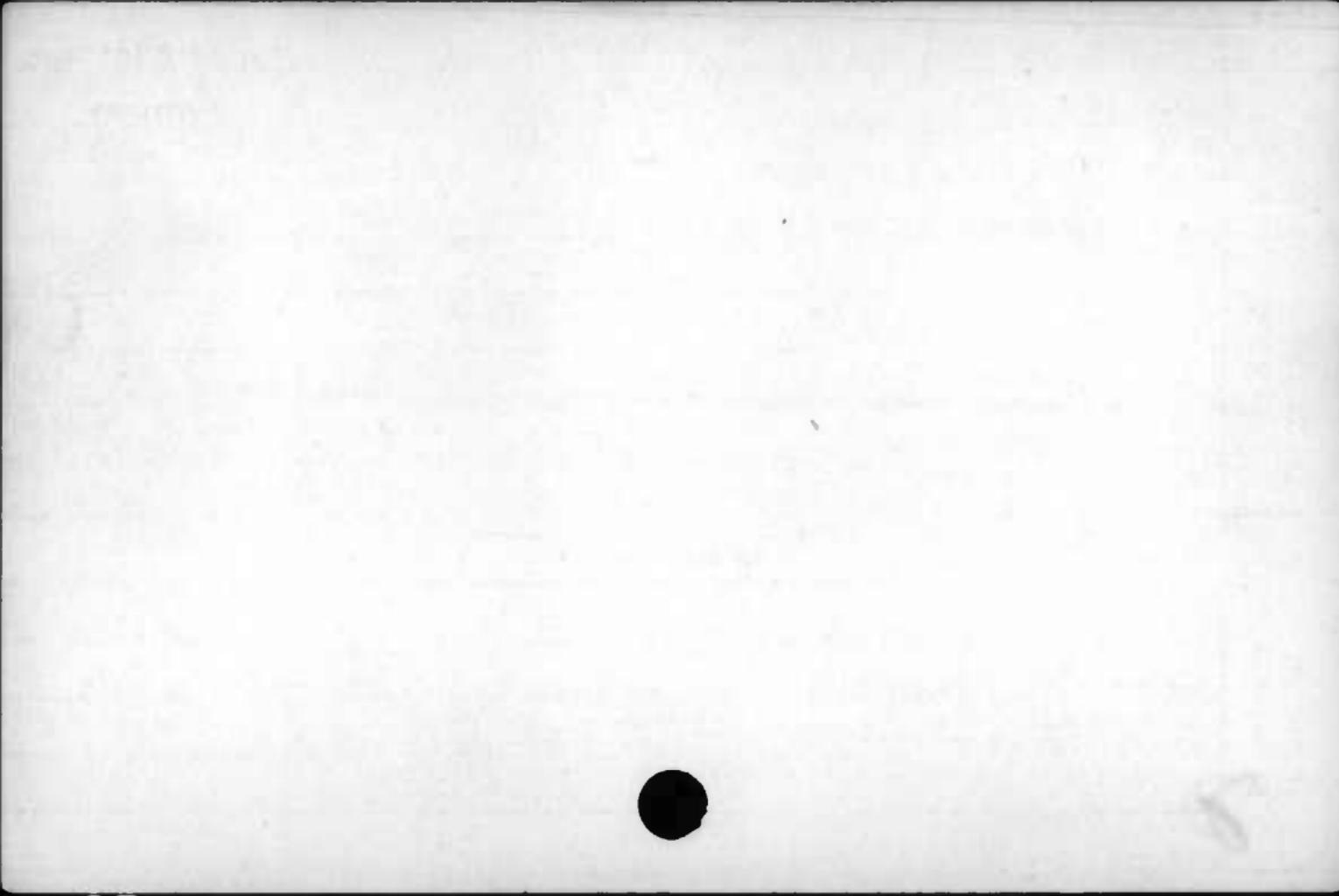
TO BE ANSWERED BY  
NEAREST FRIEND

Died <u>Near Denton</u>	Town	County	MARYLAND		
Date of death <u>1907</u>	Month <u>12</u>	Day <u>7</u>	Age _____	Years _____	Months <u>1</u> Days <u>2</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birthplace <u>Near Denton</u>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>	Father's Birthplace <u>Maryland</u>			
Father's Name <u>Raymond Holland</u>	Mother's Maiden Name <u>Josephine Johnson</u>	Mother's Birthplace <u>"</u>			
Name of person giving information <u>Raymond Holland</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

179

Primary <u>Don know never saw</u>	child
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>—</u>	Signature of Physician <u>E. W. Simmund.</u>
Address <u>—</u>	<u>Denton,</u> <u>Md.</u>
Accident or Suicide? <u>8</u>	



Name  
in  
Full

Not named Holmes.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Denton		Town	County Caroline		MARYLAND		
Date of death 1907	Month 12	Day 24	Age	Years	Months	Days	
Sex female	Color or Race Black	Birth-place Denton					
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name	William Holmes				Father's Birthplace (N. d.)		
Mother's Maiden Name	Tena Davis				Mother's Birthplace "		
Name of person giving information	Thomas Davis				How related to deceased Q. father		

CAUSES OF DEATH

71

PHYSICIAN  
OR CORONER

Primary	How long	
Immediate	I never saw her until she was dying	
Are the name, age, sex, color, date and place correctly given above?	How long	
yes	Signature of Physician	G. W. Sonstvedt
	Address	Denton
8		Met.
Accident or Suicide?		

83

Name  
in  
Full

Samuel St. James

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Town</u> <u>Tobsonville</u>	County <u>Carrlisle</u>	MARYLAND			
Date of death <u>1907</u>	Month <u>12</u>	Day <u>5-</u>	Years <u>—</u>	Months <u>5-</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-Place <u>Tobsonville</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>	Father's Birthplace <u>Maryland</u>			
Father's Name <u>Samuel St. James</u>	Mother's Maiden Name <u>Sarah Broadley</u>	Mother's Birthplace <u>Maryland</u>			
Name of person giving Information <u>Samuel St. James</u>	How related to deceased <u>Father</u>				

## CAUSES OF DEATH

(90)

How long

one week

How long

PHYSICIAN  
OR CORONERPrimary Capillary HemorrhageImmediate  Walk hard

Are the name, age, sex, color, date and place correctly given above?

yes

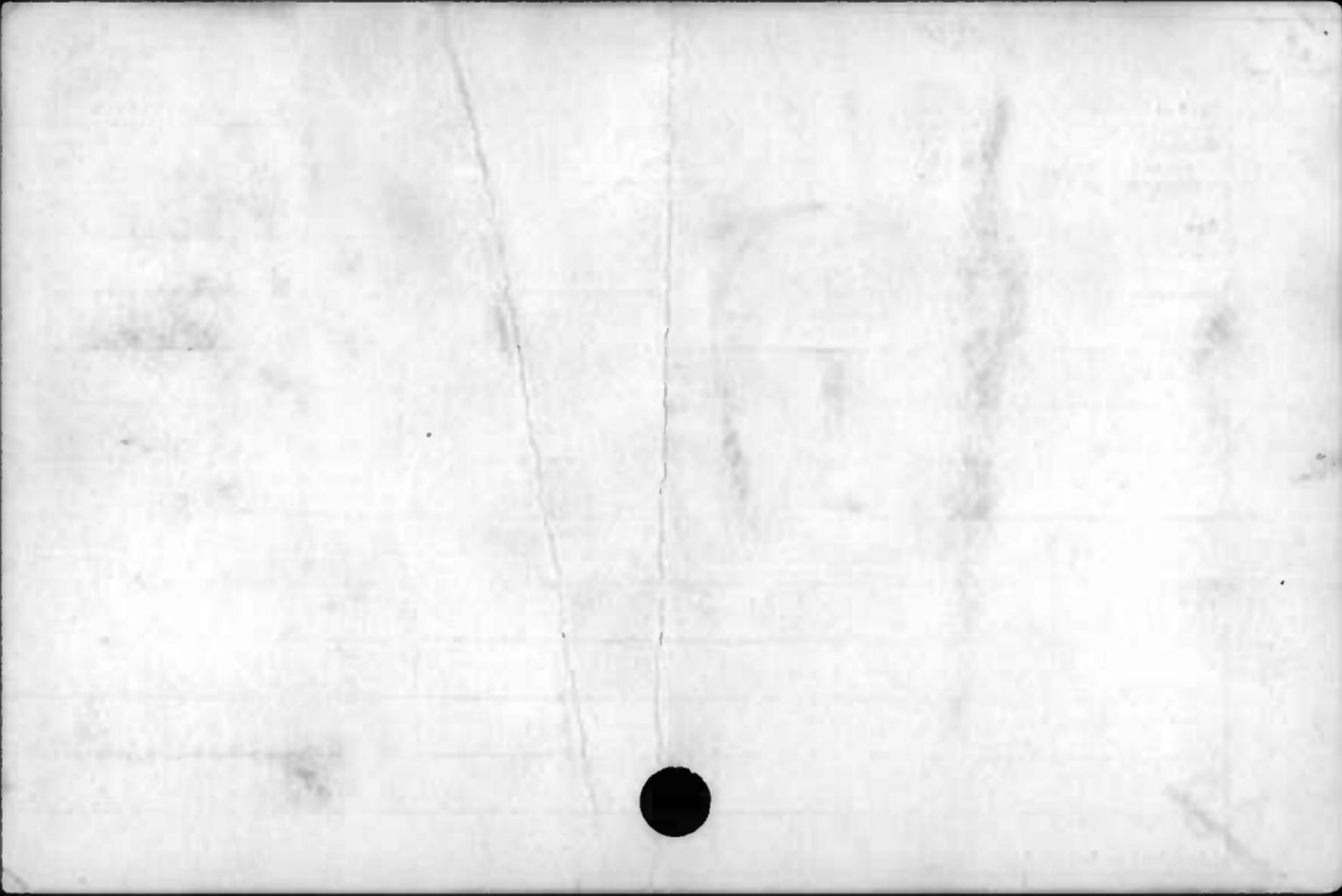
Signature of Physician

H. E. EvansJ

Address

Manaylan, Dr. J.

Accident or Suicide?



Name  
in  
Full

Cliffant Killson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at near Towson		Town	Caroline	County	MARYLAND	
Date of death 1907	Month July	Days 8	Age	Years	Months	Days
Sex male	Color Black	Birth-place Near Towson MD				
Occupation none	Where Residing if not at place of death					
Married, Single or Widowed single	Name of Wife or Husband					
Father's Name Joseph A Killson			Father's Birthplace Caroline County MD			
Mother's Maiden Name Melvina Hackett			Mother's Birthplace Caroline Co MD			
Name of person giving Information Joseph A Killson			How related to deceased Father			

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary

natural causes

How long

all its life

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

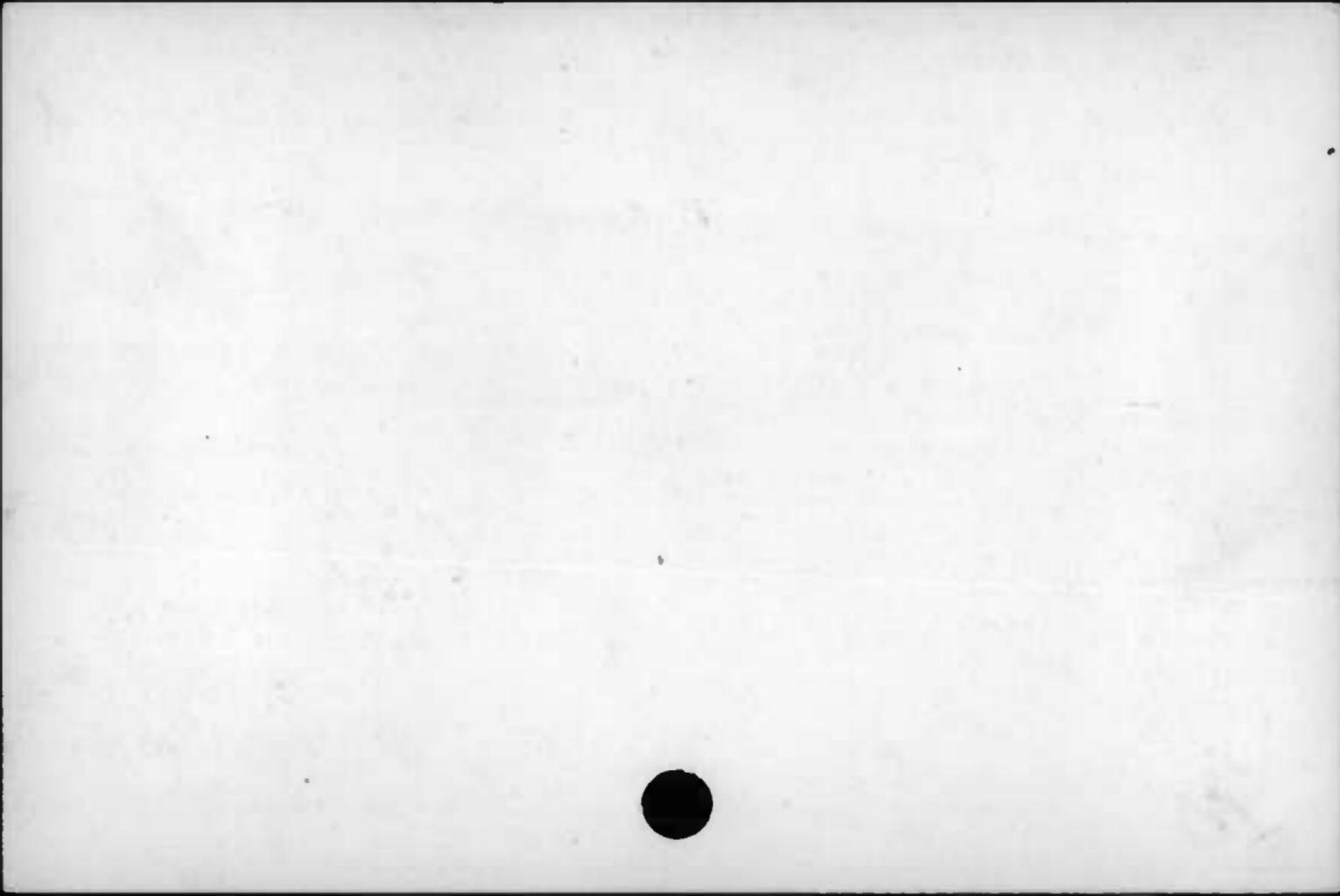
Address

William E. Smith

acting Coroner  
Marydel Md

J

Accident or Suicide?



Name  
in  
Full

Clarence Lewis -

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	male	Color or Race	Birth-place
Occupation	None	Where Residing if not at place of death	Greensboro
Married, Single or Widowed	Singer	Name of Wife or Husband	—
Father's Name	Armstead Dennis	Father's Birthplace	Manassas
Mother's Maiden Name	Gardiner West	Mother's Birthplace	Crepeyboron
Name of person giving information	Esther Lewis	How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Srip -

(10)

How long

2 weeks

Immediate

Anemomia

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

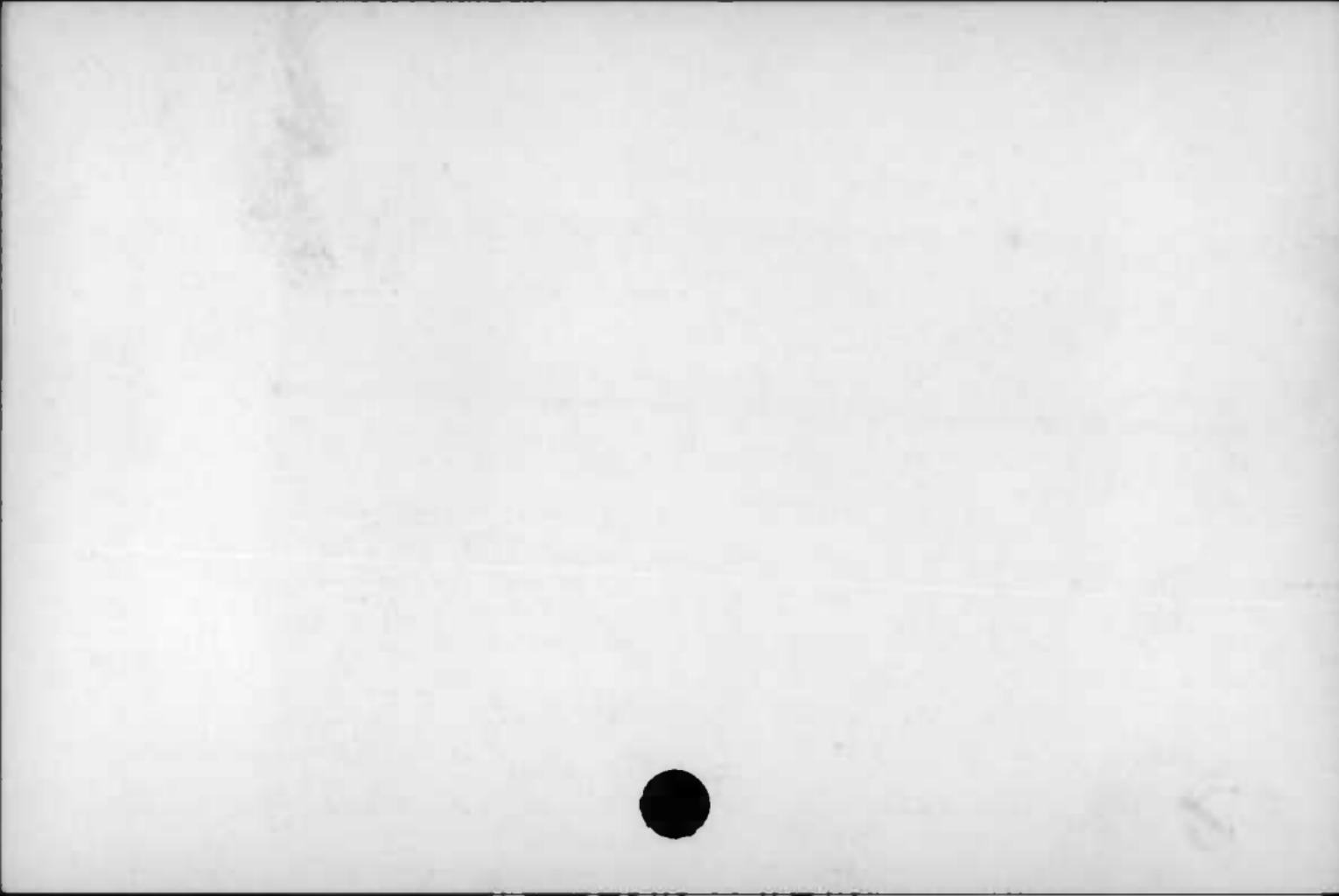
Signature of Physician

Address

Dorothy Lewis

Greensboro  
W.D.

Accident or Suicide?



Name  
in  
Full

Ophelia Lewis

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Black	Birth-place	Deutan
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Helmina Lewis		Father's Birthplace	Deutan
Father's Name	Isaac Lewis		Mother's Birthplace		Deutan
Mother's Maiden Name	Addie Gibson		How related to deceased		Brother
Name of person giving information	Ollie Lewis				

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary

Meummin

How long

4 days

Immediate

Bright's Disease

How long

2 months

Are the name, age, sex, color, date and place correctly given above?

yes -

Signature of Physician

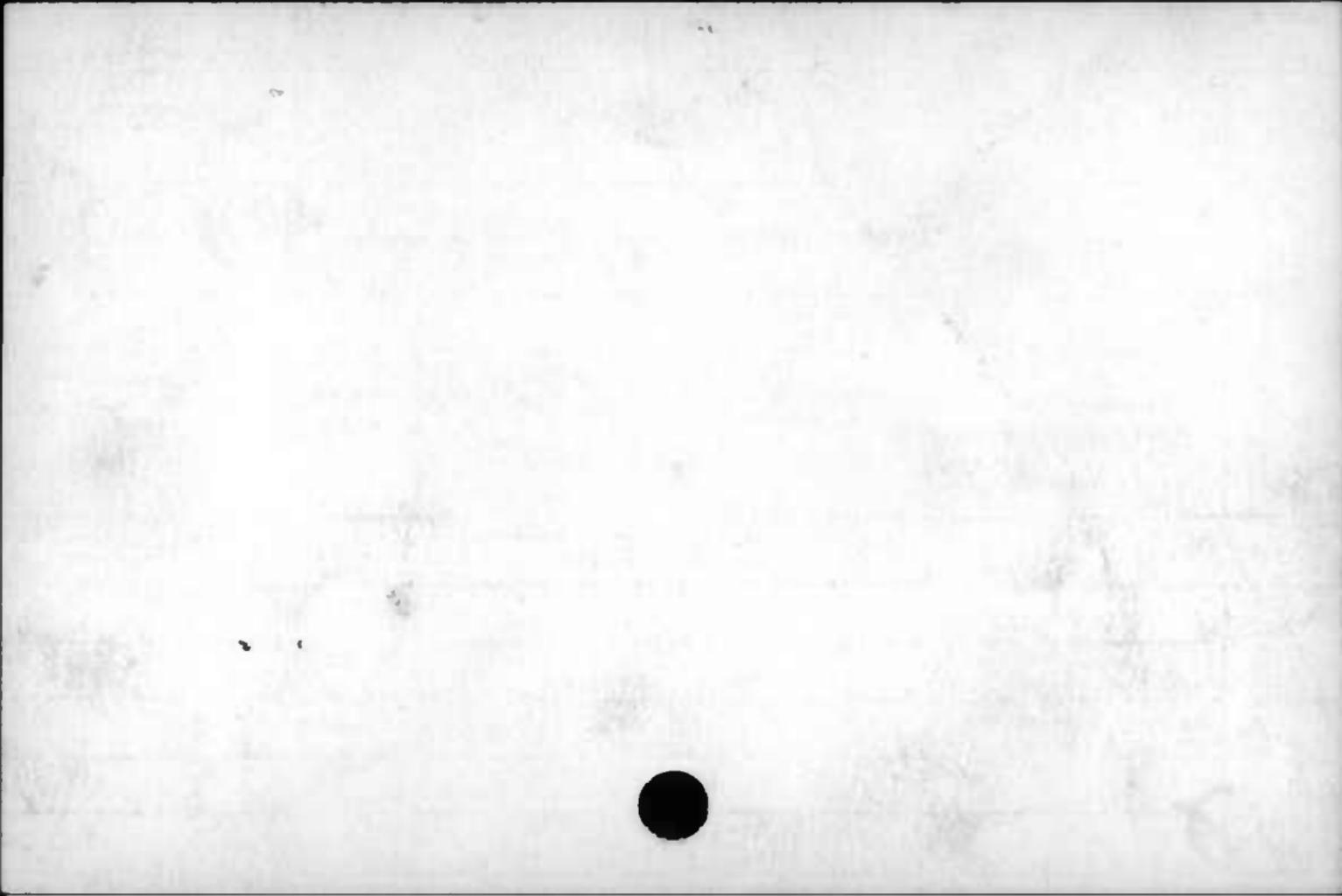
J. M. Miller

Address

Deutan Blvd.

8

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Mary Lyons

Town

County

Died at

Ridgely Md. Caroline Co.

MARYLAND

Date  
of death

1907

Month

Day

Years

Months

Days

Dec

Sat 14

Age 77

4

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Geland

Occupation

Housewife

Where Residing if not  
at place of death

Philadelphia

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

Samuel A. Lyons

Father's  
Name

William Riley

Father's  
Birthplace

Geland

Mother's  
Maiden Name

Thews.

Mother's  
Birthplace

Geland

Name of person giving  
Information

Margaret Lyons

How related  
to deceased

Daughter

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary

Inanition

How long

6 months

Immediate

Heart failure

How long

6 hours

Are the name, age, sex, color, date  
and place correctly given above?

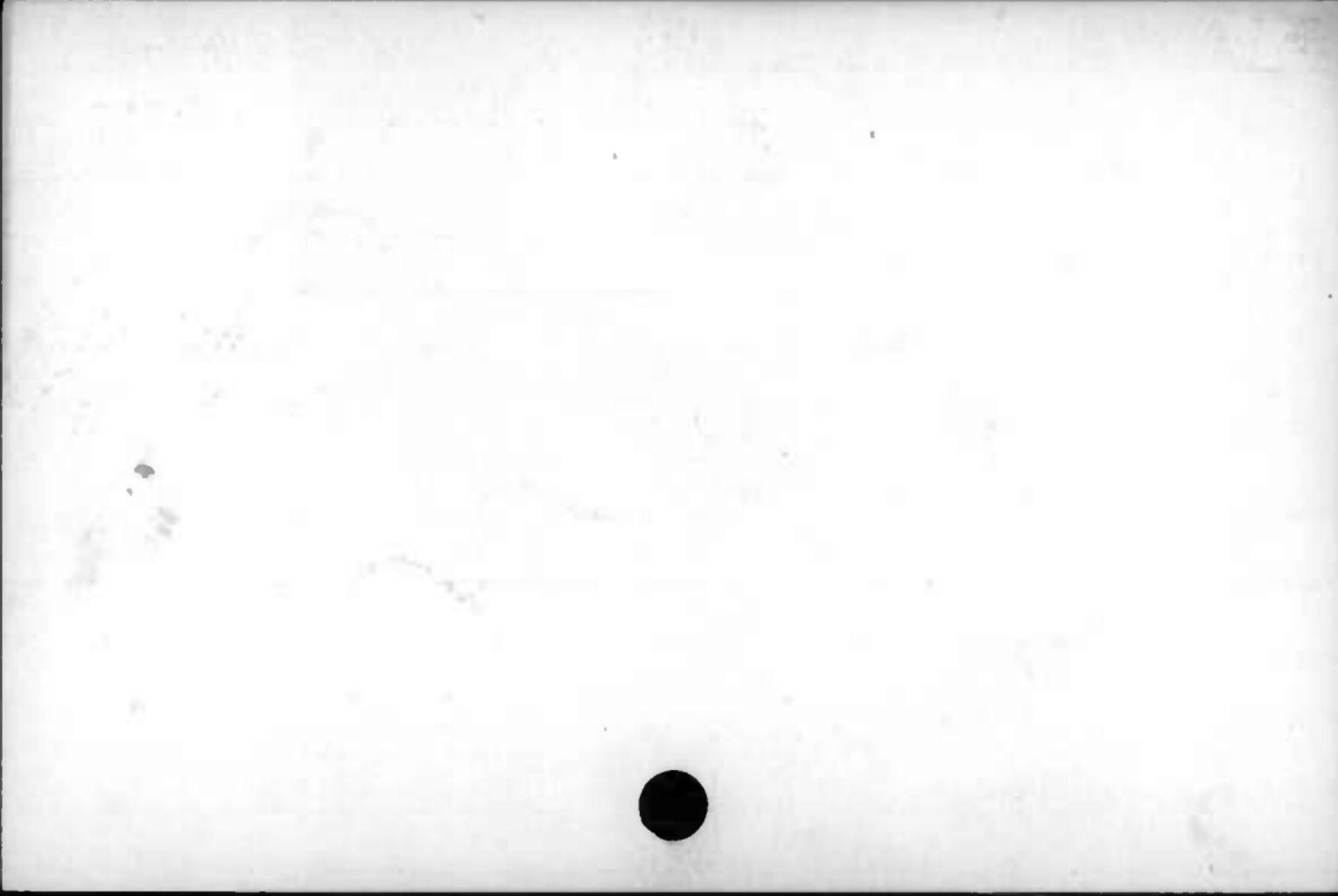
Yes

Signature of  
Physician

Address

J. J. Richards  
Ridgely Md.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Nora May-

CERTIFICATE OF DEATH

Died at near Bridgetown		Town		County		MARYLAND	
Date of death 1907	Month 12	Day 21	Age 19	Years	Months 7	Days 4	
Sex Female	Color or Race Colored	Where Residing if not at place of death		Birthplace		Delaware	
Occupation Sales							
Married, Single or Widowed Single	Name of Wife or Husband						
Father's Name Ramona May					Father's Birthplace Del.		
Mother's Maiden Name Susan Lewis					Mother's Birthplace Del.		
Name of person giving Information Fashai					How related to deceased Fashai.		

CAUSES OF DEATH

(1)

How long

2 months  
2 weeks

How long

Primary

Typhoid fever

Immediate

Uraemia -

Are the name, age, sex, color, date  
and place correctly given above?

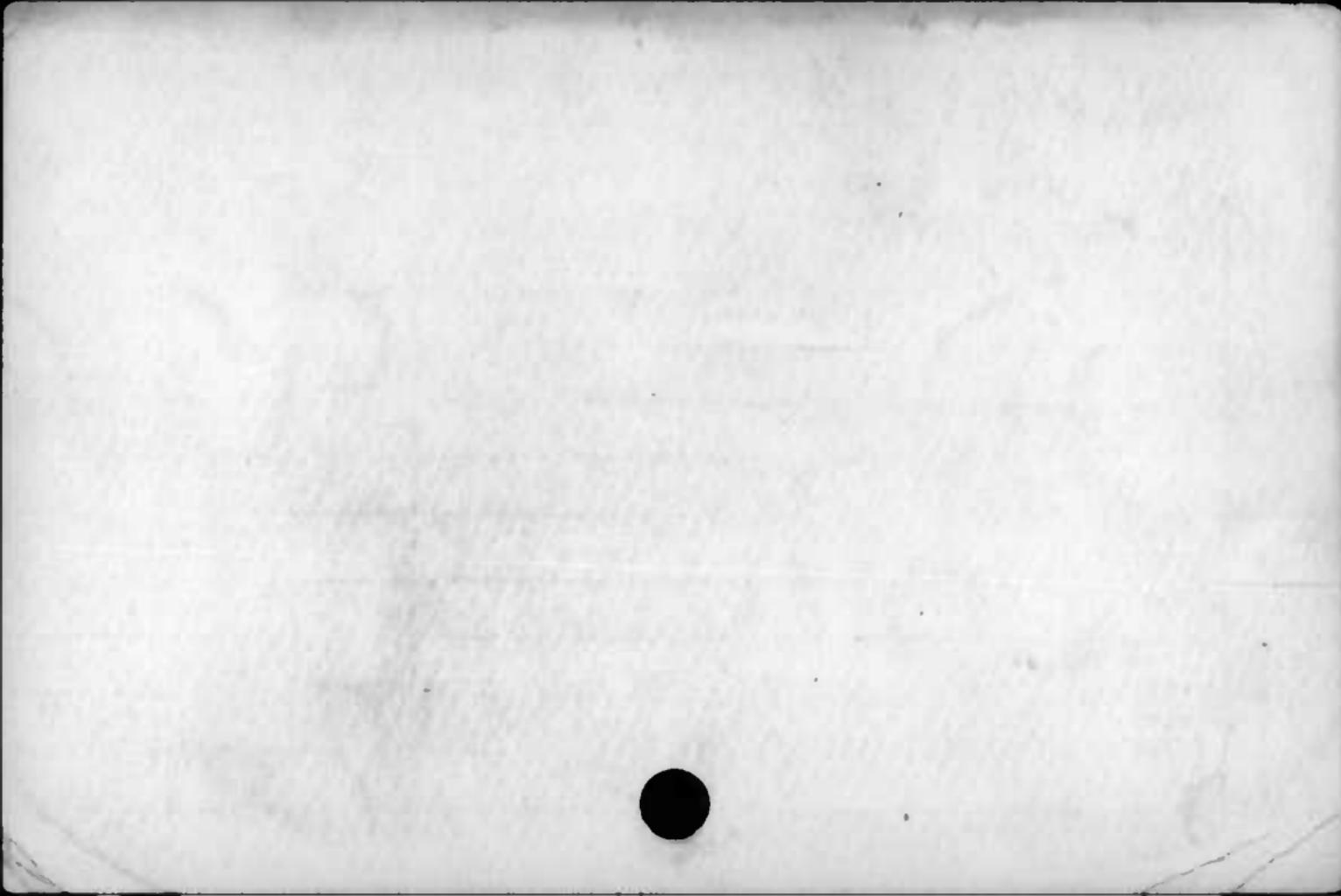
Yes

Signature of  
Physician

Address

D. R. M. Adams  
Greenvale  
Md.

Accident or Suicide?



Name  
in  
Full

Eliza; Andrew Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County					
Henderson	Caroline					
Died at	MARYLAND					
Date of death 1907	Month Dec.	Day 18	Age 59 yrs	Years	Months 11	Days 14
Sex Female	Color or Race White	Birth-place Bear Denon				
Occupation House-wife	Where Residing if no at place of death					
Married, Single or Widowed Married	Name of Wife or Husband M. J. Price					
Father's Name Thomas Andrews	Father's Birthplace Rockville					
Mother's Maiden Name Nancy Collins	Mother's Birthplace Concord					
Name of person giving information M. Anne Price	How related to deceased Daughter					

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary

Nephritis

How long

2 yrs.

Immediate

Uremic Toxemia

How long

24 hrs.

Are the name, age, sex, color, date and place correctly given above?

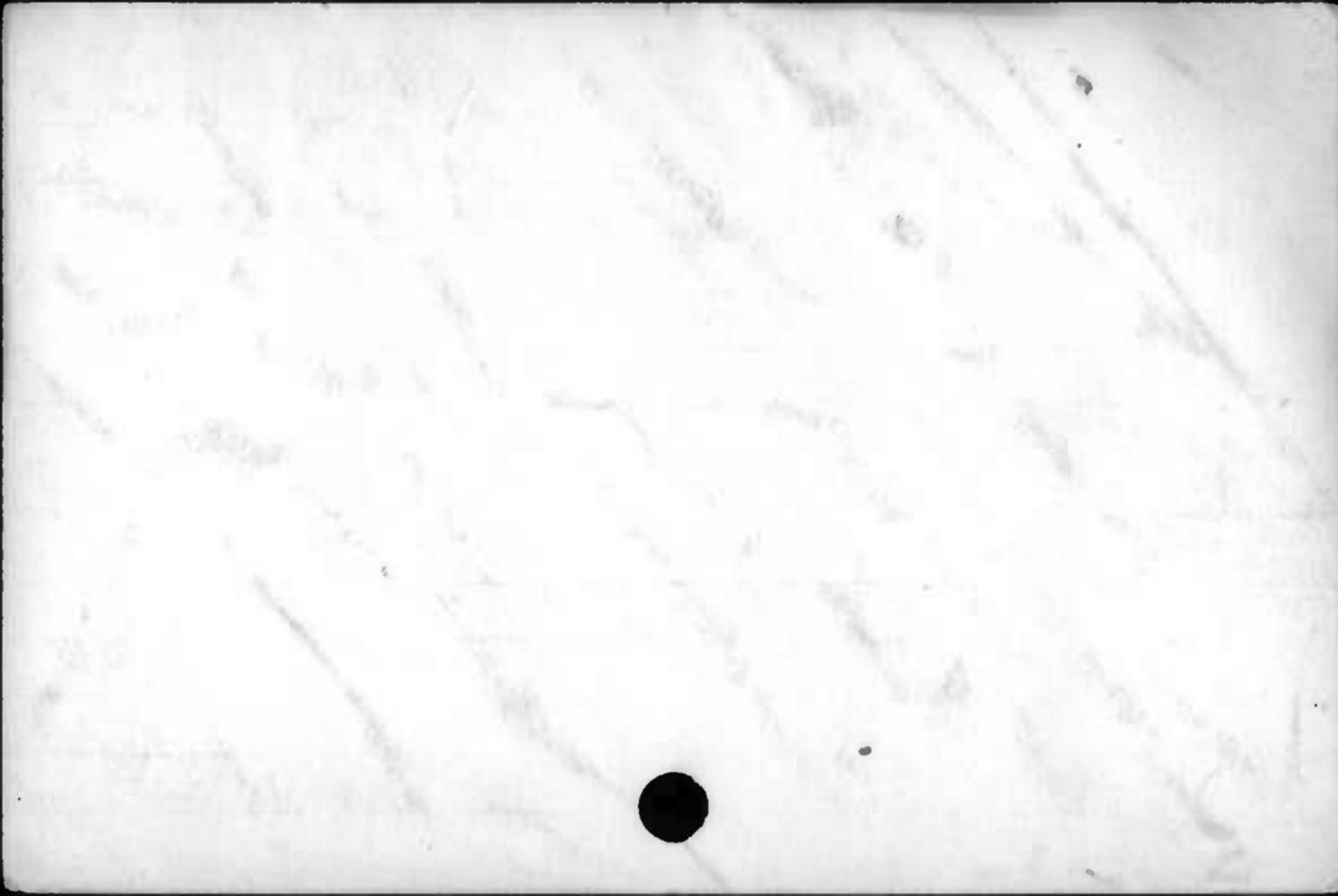
Yes.

Signature of Physician

Address

Glen  
Edsboro  
Md.

Accident or Suicide?



Name  
in  
Full

Robert W. Stewart

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

1907 12 20 86 — —

Male White Dorchester Co Md

Farmer.

Married Mary Stewart

Don't know

Don't know

Reba Stewart

Daughter

CAUSES OF DEATH

108

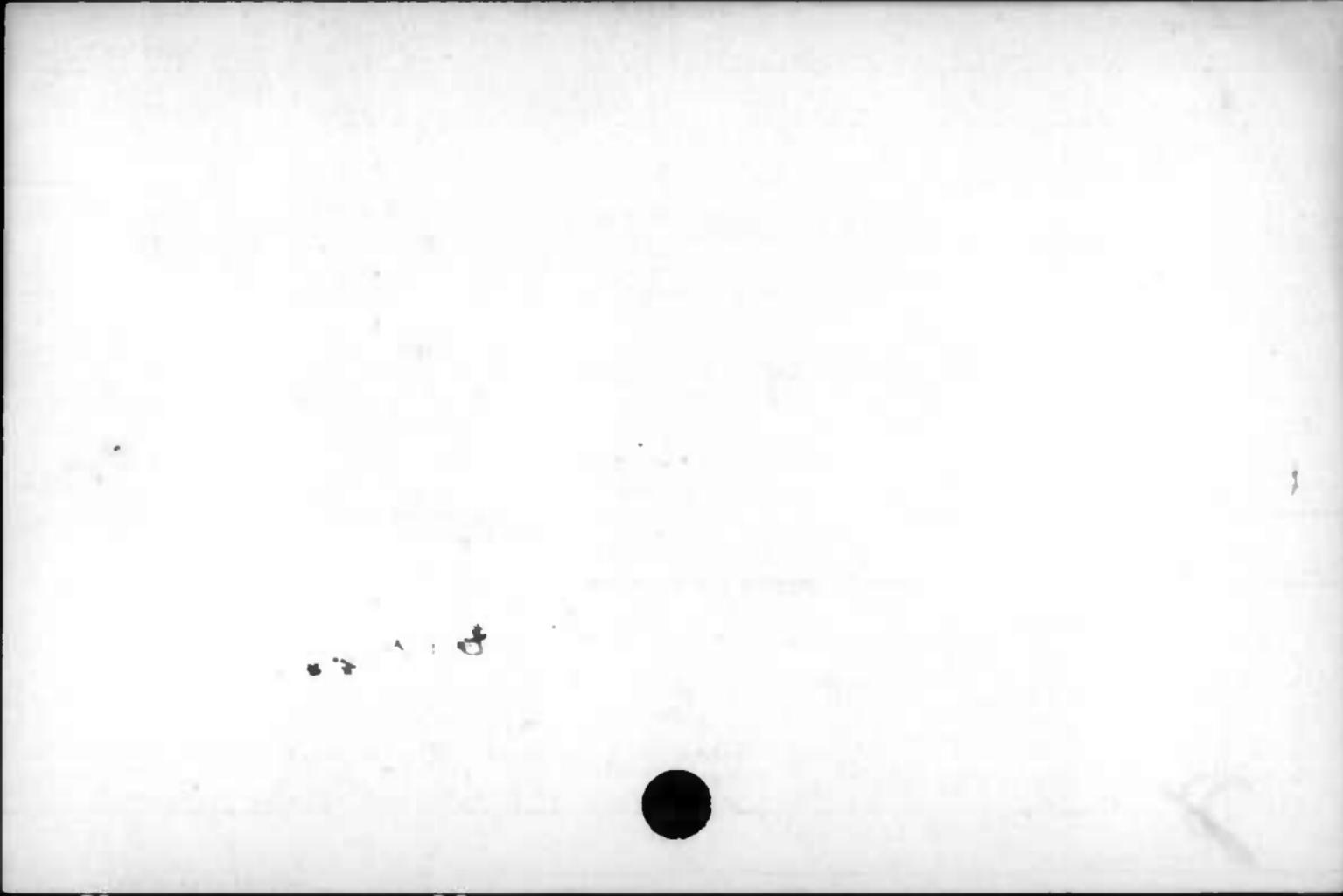
Primary	Strangulated Hernia	
Immediate	Heart Failure	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?		

long 1 mth.

How long Indefinite

J. M. Mueller MD

Denton Md.



Name  
in  
Full

William Voshell

CERTIFICATE OF DEATH

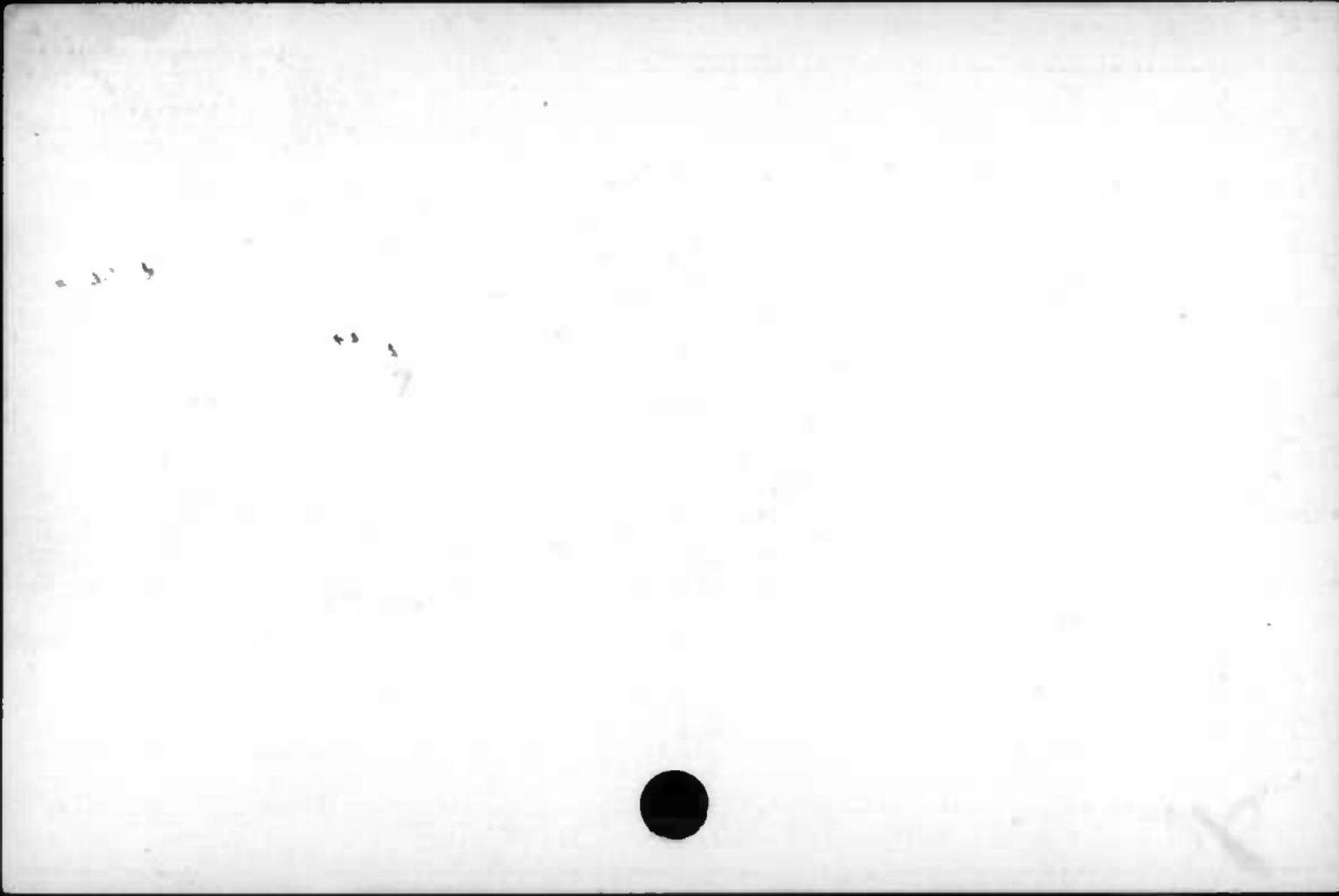
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Wm Chaptuk				
Father's Name	Mary J. Vane					
Mother's Maiden Name	Delaware					
Name of person giving Information	Ira Voshell	nephew				

CAUSES OF DEATH

120

Primary	Chronic Nephritis		How long?
Immediate	Heart failure		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. Raymond Devereux
		Address	Preston
Accident or Suicide?		Dad	



Name  
In  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Elizabeth Wagner					CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND	
Date of death	1907	Month Dec	Day 12	Years 56	Months	Days
Sex	Female	Color or Race	white		Birth-place	Pa
Occupation	housewife		Where Residing if not at place of death			
Married, Single or Widowed	married	Name of Wife or Husband	Edward Wagner			
Father's Name	Samuel Bower		Father's Birthplace Pa			
Mother's Maiden Name	Mary L Blank		Mother's Birthplace Pa			
Name of person giving information	Edw Wagner		How related to deceased Husband			
CAUSES OF DEATH						
Primary	Heart Disease			79		
Immediate				How long several years		
Are the name, age, sex, color, date and place correctly given above?			yes	Signature of Physician	Rump Jefferson	
J				Address	Federalsburg Md	
Accident or Suicide?						



Name of Child

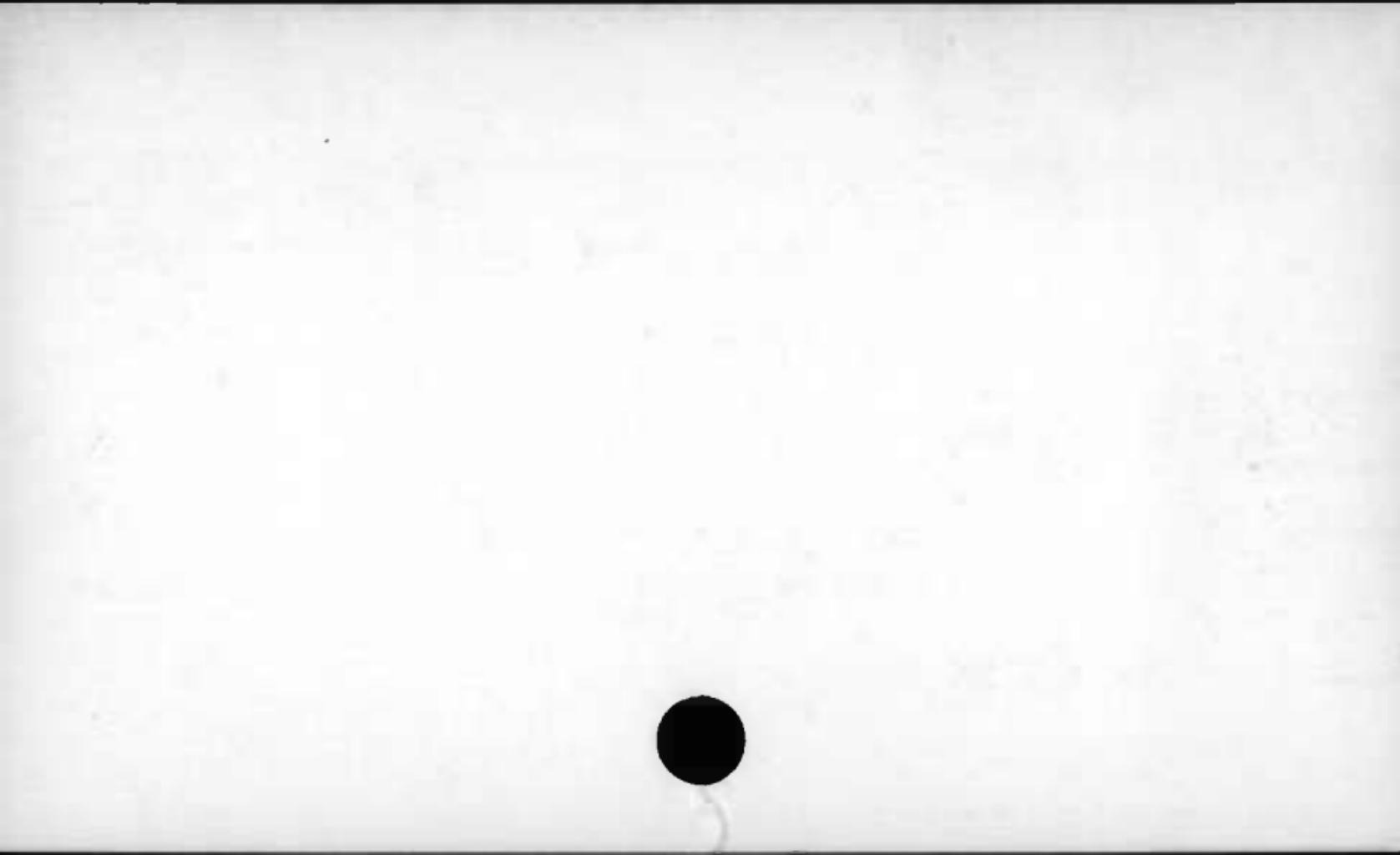
Certificate of Birth ✓

Mary Virginia Waldz

Town	County					MARYLAND
Federalsburg	Caroline					
Month	Day	White	Male	Living	Number of Child:	1st 2nd 3rd
December	14	Colored	Female	Still Born	4th 5th 6th 7th 8th 9th	
Father's Name in Full	Joseph J. Waldz				Age	29
Occupation	Hunter	Birthplace	Caroline County			
Mother's Maiden Name	Dona Francis Kelley		Age	23		
Occupation	House wife	Birthplace	Caroline County			
Reported by	Ziggy W. Parker		Physician, Midwife, Parent,			
Address	Federalsburg Caroline County					

File 1907

If child is not named, send name as early as possible.



Name  
in  
Full

Wright

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Where	Birth-place	
Occupation	None	Where Residing if not at place of death			Clifton
Married, Single or Widowed	Single	Name of Wife or Husband	None		
Father's Name	Eugene	Wright	Md		
Mother's Maiden Name	Sadie	Cooper	Md		
Name of person giving Information	Eugene Wright	How related to deceased			Father

CAUSES OF DEATH

179

How long

PHYSICIAN  
OR CORONER

Primary

Unknown

Immediate

Unknown

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Reginald Dawson  
Preston

Accident or Suicide?



